

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219-8689
www.pcshq.com

**First-Time Licensure by Examination Application
for the
Commonwealth of Massachusetts Board of Registration of
Landscape Architects**

The Commonwealth of Massachusetts Board of Registration for Landscape Architects has authorized Professional Credential Services (PCS) to process its Landscape Architects licensure applications. **First-Time Licensure by Examination Applicants for a license in Landscape Architects must submit all of their information, as indicated in these instructions, directly to PCS.** The Commonwealth of Massachusetts Board of Registration for Landscape Architects is the final authority with respect to eligibility and issuance of the license.

REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll free: (877) 887-9727

Local: (615) 880-4275

Email: malare@pcshq.com

PCS staff is available Monday through Friday, 8:00 am to 4:30 pm central time.

FIRST-TIME LICENSURE BY EXAMINATION APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)*, *First-Time Licensure by Examination Application*, *Reference Form*, and *Acknowledgement Postcards*. All candidates must complete the licensure application, typewritten or printed in blue or black ink.

APPLICATION INSTRUCTIONS

Candidates who have never received licensure in another state, and have never taken any part of the LARE examination as a candidate of this state, or have exceeded the three year limit to take and pass all parts of the LARE examination must use *the First-Time Licensure by Examination Application* to apply for licensure. PCS must receive the following to process your application:

- a. A completed *First-Time Licensure by Examination Application for Landscape Architects* including a 2x2 passport type photo and any supporting documentation.
- b. Official transcript from your college or university. Official transcripts must include your graduation date and carry the official seal of the school. Official transcripts must be in their original sealed envelope from the school. Envelopes that have been opened by the candidate will not be accepted.
- c. A total of five (5) completed *Reference Forms*, three (3) of which should be from registered Landscape Architects. A registered Architect or a registered Professional Engineer may be substituted for one Landscape Architect reference. The licensed references need to have 10 or more years experience. Two (2) of the required *Reference Forms* may be completed by individuals who can attest to your character. Relatives may not complete the *Reference Forms*. All *Reference Forms* must be in sealed envelopes. Envelopes that have been opened by the applicant will not be accepted.
- d. Total payment of \$214. Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders made payable to Professional Credential Services and include your SSN on the front of the payment. Fees are non-refundable and non-transferable.

PCS accepts applications on an on-going basis. Complete applications are processed on a first come first serve basis. Applications are reviewed for completeness by PCS then forwarded to the Board for approval. The Board usually meets on the second Friday of the month to review applications. PCS must receive completed applications by March 1 in order to forward them to the Board in a timely manner for the June examination. Though there is no deadline, candidates are encouraged to submit their application as early as possible to avoid a delay in the examination process.

Candidates sending incomplete applications will be notified of any deficiencies by PCS. Please be advised that incomplete applications of candidates who have not responded to the notification of deficiency in a timely manner will be returned to the applicant and will forfeit their fee.

BOARD REVIEW OF APPLICATION

Upon Board review of candidate applications, the board will notify PCS of approval status. The Board will mail denial letters to those candidates who are not approved. PCS will mail approval letters to those candidates who are approved along with scheduling information.

Board approved candidates must complete the PCS *Scheduling Form* to take Sections C, E, and F of the LARE examination and submit it to PCS with the appropriate examination fees. Board approved candidates are

responsible for contacting CLARB directly to schedule for Sections A, B, and D of the LARE examination and pay the appropriate examination fees.

SECTION C:

Section C is the Planning and Site Design portion of the examination. This examination is a pencil and paper examination offered in June for First-time eligible candidates and June and December for eligible Repeat candidates. This examination is developed by CLARB (www.clarb.org). Candidates are given five (5) hours to complete this section.

SECTION E:

Section E is the Grading Drainage & Storm Water Management portion of the examination. This examination is a pencil and paper examination offered in June for First-time eligible candidates and June and December for eligible Repeat candidates. This examination is developed by CLARB (www.clarb.org). Administered during a full day, candidates are given four (4) hours to complete the morning session (Part 1) and three (3) hours to complete the afternoon session (Part 2). Candidates are also given time for a lunch break between sessions.

SECTION F: MASSACHUSETTS STATE SPECIFIC EXAMINATION (Applies to all candidates)

Section F is the State Specific Examination. This examination is a pencil and paper examination offered in June for First-time eligible candidates and June and December for eligible Repeat candidates. Candidates are given four (4) hours to complete this section. The examination's content domains are from the Code of Massachusetts Regulations (CMR) and the General Laws of Massachusetts.

EXAMINATION CONTENT AND PREPARATION

Examination content information for Sections A, B, C, D, & E and information for scheduling for Sections A, B, and D may be found by visiting the CLARB website at www.clarb.org.

A refresher course is generally offered by the Boston Society of Landscape Architects. For further information call 508-620-5018.

All applicants are required to obtain a copy of the Rules and Regulations (242 CMR) from the State Book Store at:

Massachusetts State Book Store
State House
Room 114
Boston, MA 02133

617-727-2834

MATERIALS TO BE SUBMITTED

If you are applying for Licensure by Examination:

1. A completed *First-Time Application for Licensure by Examination for Landscape Architects*, including a 2x2 passport type photo and any supporting documentation.
2. Official transcript from your college or university in a sealed envelope;
3. Five (5) completed *Reference Forms* in sealed envelopes;
4. *Acknowledgment Postcards* with candidates name & mailing address printed in the spaces provided of each section;
5. Total payment of \$214.

MAIL COMPLETED APPLICATION MATERIALS TO:

Postal Address:
Professional Credential Services, Inc.
Attn: MA LARE Coordinator
PO Box 198689
Nashville, TN 37219-8689

Overnight Courier Address:
Professional Credential Services, Inc.
Attn: MA LARE Coordinator
150 4th Avenue North, Suite 800
Nashville, TN 37219

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219 (615) 880-4275

First-Time Application for Licensure by Examination for Landscape Architects

A. Biographical Information.

Provide your full name date of birth, Social Security Number, 2x2 photo, and mailing address. It is very important that this section be completed in full.

***Social Security Number** must be disclosed per state and federal law. No license will be issued without a Social Security Number.

First Name Middle Initial Last Name Other (Maiden)

Date of Birth Place of Birth Social Security Number*

Are you a citizen of the United States? ☐ Yes ☐ No

Have you previously filed an application? ☐ Yes ☐ No

Please attach
a recent
2" x 2"
photograph
here

Print your name as it should appear on your license

Permanent Mailing Address and Contact Information

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

Business Mailing Address and Contact Information

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

B. Disciplinary Questions.

Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? (If yes, please provide a detailed explanation on a separate sheet of paper.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100 was assessed? (If yes, please provide a detailed explanation on a separate sheet of paper.) | <input type="checkbox"/> | <input type="checkbox"/> |

YES NO

C. (CONTINUED) Disciplinary Questions. Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

3. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

4. Has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you? (If yes, please state the details on a separate sheet of paper.)

↑ ↑

5. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or foreign jurisdiction? (If yes, please state the details on a separate sheet of paper.)

↑ ↑

6. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or foreign jurisdiction? (If yes, please state the details on a separate sheet of paper.)

↑ ↑

D. Experience.

Experience: Give full information concerning periods of employment contributing to your experience in the practice of Landscape Architecture. Start with present position and work back, explaining exact duties. Include only that experience under the direct supervision of a registered Landscape Architect. Under the "Time Engaged" column enter only those periods of time spent in practicing landscape architecture as defined in M.G.L.c. 112, s. 98. You may use additional sheets.

Date From - To	Name, License #, Address of R.L.A. Supervisor, Nature/Character of work duties	Hours/Week

Personal: Describe briefly the nature and extent of any service or pertinent non-Landscape architectural work, which you may be doing or in which you may have been engages which contributes to your qualification as a Landscape Architect.

Date From - To	Name, License #, Address of R.L.A. Supervisor, Nature/Character of work duties	Hours/Week

List professional and technical organizations of which you are a member or associate and any professional registration you hold. (Identify states and specific fields):

E. Education. List name, address, major course, dates attended, degree awarded.

High School:

College or University:

Other:

F. References.

Give name registration number, address, professional relationship and how many years known, of three Landscape Architects who have been in licensed practice for 10 years or more and whom you have asked to file references.

Name & License #: _____

Address: _____

Phone Number with area code: _____

Name & License #: _____

Address: _____

Phone Number with area code: _____

Name & License #: _____

Address: _____

Phone Number with area code: _____

Give name and address of two character references, persons you have asked to file a reference form. Do not include relatives.

Name : _____

Address: _____

Phone Number with area code: _____

Name : _____

Address: _____

Phone Number with area code: _____

G. Affidavit.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Landscape Architects to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to GL c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

MATERIALS TO BE SUBMITTED

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PO Box 198689

Nashville, TN 37219-8689

Overnight Courier Address:

Professional Credential Services, Inc.

Attn: MA LARE Coordinator

150 4th Avenue North, Suite 800

Nashville, TN 37219

Fee and payment. The application fee is \$214.00.

Payments may be made with a check or money order made payable to Professional Credential Services or with a Visa or MasterCard. FEES SUBMITTED ARE NON-REFUNDABLE. If paying with a credit card, complete the credit card authorization section on the right.

***Credit Card Payment Authorization Information:
(if NOT submitting a check or money order)***

Type of Credit Card: ____ Visa ____ MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Cardholder's Name: _____

Authorized Signature: _____

The contents of the examination are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination. I also agree that in the event my examination is lost, or if the examination is not held for any reason, any claim I may have will be limited to the fee paid by me. I also understand that fees are non-refundable and non-transferable.

Print name

Signature

Date

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219 (615) 880-4275

CONFIDENTIAL REFERENCE FORM

Dear Applicant:

You have been requested to provide reference information for an applicant for registration as a Landscape Architect in Massachusetts under the provisions of Chapter 473 of the Acts of the 1968 Session of the Legislature of this Commonwealth. Pertinent information concerning the applicant will be helpful to the Massachusetts Board of Registration of Landscape Architects.

In order for the provisions of the licensing law to be effective in safeguarding public health, safety and welfare, the Board of Registration of Landscape Architects has been charged with the responsibility of limiting the use of the title "Landscape Architect". Only those who are qualified for that profession on the basis of quality of character, education and practical experience in landscape architectural work may use this title. As one of the applicant's references, you are familiar with his or her professional work or have knowledge of his or her ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his or her professional work as well as your opinion of his or her professional competence and character.

The Board will further appreciate your cooperation in supplying the information requested on the reverse side of this sheet and in forwarding it as soon as possible to the applicant in a sealed envelope. The applicant must return the sealed envelope directly to Professional Credential Services (PCS) with their completed application. If the Reference Forms come into the PCS office open or incomplete, they will be returned to the applicant.

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1. Name of Applicant: _____
First Middle Last Generation
2. Professional or other relationship to applicant: _____
3. Number of years you have known applicant: _____
4. Please evaluate the applicant in the categories of which you have personal knowledge:
 - a. TECHNICAL KNOWLEDGE: _____

 - b. PROFESSIONAL EXPERIENCE: _____

5. Do you consider the applicant qualified for registration as a Landscape Architect? ☐ Yes ☐ No
If no, please provide reason: _____

6. Other comments: _____

I hereby certify that the information given above is correct to the best of my knowledge and belief and that the opinions expressed above represent my best judgement.

Print Name License #, Date Acquired, Expiration Date, and State

Occupation

Address City State Zip Code

Date

Return this form to the applicant in a sealed envelope.

Signature
Seal

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